Recovery Act).

MISSOURI DEPARTMENT OF NATURAL RESOURCES

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and

HAZARDOUS WASTE PROGRAM P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102

(314) 751-3176

MAY 28 1996

GSA No. 0246-EPA-OT DATE RECEIVED. APR 19 1946 001317

NOTE: Return completed forms to the address abors. BRANCH NOTIFICATION OF REGULATED WASTE ACTIVITY

A. First Notification B. Subsequent Notification (complete item C)	M 0 D 0 0 7 1 5 2 9 0 3
I. Name of Installation (Include company and specific site name,	
THE WELL ON	OVANCED CIRUIT
III. Location of Installation (Physical address not P.O. Box or Route	
Street	
48111 W. KEARNBY	
Street (Continued)	
	State ZIP Code
City or Town	State ZIP Code M 0 (0 5 8 0 3 -
SPRINGFIELD	7/11/2 (6) 2 2 2
County Code County Name	
01/16/12/1	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
4811 W. HEARNEY	State ZIP Code
City or Town C	mo. 65803-
5/10/11/10/11/12	
V. Installation Contact (Person to be contacted regarding waste act	
Name (last) (first	,
	611
S C 17 /7 / 12 /1	E / L L
Job Title Phor	ne Number (area code and number)
Job Title Phor E N V.	ne Number (area code and number)
Job Title Fhor VI. Installation Contact Address (See Instructions,	ne Number (area code and number)
Job Title Phor E N V.	ne Number (area code and number)
Job Title ENU. 15 NG / NE R N 4 VI. Installation Contact Address (See Instructions, A. Contact Address Location Mailing B. Street or P.O. Box	ne Number (area code and number)
Job Title Fhor VI. Installation Contact Address (See Instructions, A. Contact Address B. Street or P.O. Box	ne Number (area code and number) 1 7 - 8 6 2 - 0 7 5 1
Job Title Fhor VI. Installation Contact Address (See Instructions, A. Contact Address Location Mailing B. Street or P.O. Box City or Town	ne Number (area code and number) 1 7 - 8 6 2 - 0 7 5 1
Job Title Florida W. J. N. G. J. N. E. R. J. Y. VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing Mailing Solution Mailing No. B. Street or P.O. Box City or Town VII. Ownership (See Instructions)	ne Number (area code and number) 1 7 - 8 6 2 - 0 7 5 1
Job Title Fhor VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner	ne Number (area code and number) 1 7 - 8 6 2 - 0 7 5 1
Job Title Fig. 1. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner L 1 7 7 0 N 1 N P. 1 N C.	ne Number (area code and number) 1 7 - 8 6 2 - 0 7 5 1
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Job Title Flow V. IS N G I N E R N Y VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing N City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner L I T T O N I N D, I N C, Street, P.O. Box, or Route Number 2 I 2 Y O B J R B A N IT B L City or Town	
Job Title Fig. 10 V. 15 N G I N E R II 4 VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing N B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner L I T T O N I N D, I N C, Street, P.O. Box, or Route Number 2 I 2 Y O B J R B A N IT B L City or Town W O O V L A N D H I L L S	Number (area code and number)
Job Title ENV. IS NGINER Phor VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner LITTON NIND, NO, NO, NO, NO, NO, NO, NO, NO, NO, NO	Number (area code and number)

RCRIS data entered
BY 50/96
ON 5/30/96

		la Ose Only
VIII. Type of Regulated Waste Activity (Mark 'X'	in the appropriate boxes. Before to	
A. Hazardous Waste Activity	appropriate boxes, heler to ins	The second secon
1. Generator (See Instructions)	J. Treater, Storer, Disposer (at installation)	B. Used Oil Fuel Activities 1. Off-Specification Used Oil Fuel
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	Note: A permit is required for this activity; see instructions.	a. Generator Marketing to Burner
c. Less than 100 kg/mo (220 lbs.)	. Hazardous Waste Fuel	b. Other Marketers c. Burner - indicate device(s) -
2. Transporter (Indicate Mode in boxes 1-5 below)	a. Generator Marketing to Burner b. Other Marketers	Type of Combustion Device
a. For own waste only b. For commercial purposes	c. Boiler and/or Industrial Furnace	1. Utility Boiler
Mode of Transportation	Smelter Deferral Small Quantity Exemption	2. Industrial Boller 3. Industrial Furnace
1. Air	Indicate Type of Combustion Device(s)	
2. Rail 3. Highway	1. Utility Boiler	2. Specification Used Oil Fuel Marketer (or
4. Water	2. Industrial Boiler 3. Industrial Furnace	On-site Burner) Who First Claims the Oil Meets the Specification
	Underground Injection Control	
IX. Description of Regulated Wastes (Use Addition	nal sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. Mark your installation handles. (See 40 CFR Parts 261.20	'X' in the boxes corresponding to the ch	aracteristics of nonlisted hazardous wastes
1 Ignitable 2 Correction 2 D		adus mastes
(D001) (D002) (D003) Characterist		waste number(s) for the Toxicity
(D000)	Characteristic	c Contaminant(s))
	0008	
3. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Se		n 12 waste codes.)
	3 4	5 . 6
F006		
7 8	9 10	11 12
C. Other Wastes. (State or other wastes requiring an I.D.	number. See instructions.)	
1 2	3 4	5 6
C. Certification	144 200 300 200 200	
I certify under penalty of law that I have person and all attached documents, and that based on	nally examined and an familia	
and all attached documents, and that based on the information, I believe that the submitted inform	my inquiry of those individuals im	h the information submitted in this
the information, I believe that the submitted informa- penalties for submitting false information, including	ation is true, accurate, and complete.	I am aware that there are significant
The court of the second	OFFICIAL TITLE (TYPE OR PRINT)	nment.
(1) 15. fell. NEIL	B. ScITHIZIER	DATE SIGNED,
I. Missouri Required Information		
MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)	001317	S.I.C. CODE 3 (7)
DESCRIBE PRINCIPAL BUSINESS ACTIVITY	MANVEACTURE PRINT	10/01
II. Comments	1,1141	(IKLUIT BOARD)
ote: Mail completed form to the MISSOURI DEPARTMENT	NT OF NATURAL PESCUROSS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
780-1164 (11-93)		
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in the unshaded areas only.

Please print or type with ELITE type (12 characters per in

GSA No. 0246-EPA-OT

DATE RECEIVED FOR OFFICIAL USE ONLY)

Please refer to the Instructions for Filing, Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM

P.O. BOX 176 JEFFERSON CITY, MISSOURI 65102 (314) 751-3176

MAY 2 8 1996

NOTE: Return completed forms to the address abdresp. BRANCE

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IV. Installation Mailing	Address	(See	Instruc	tions)											. 12		S. 6. 4.			- C. P. C
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V. Installation Contact	(Persor	to be	contac	cted r	egar	ding	waste	acti	vities	at s	site										
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VI. Installation Contact	Addre	ss /Se	e Instru	ıctioi	ıs,																v.
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VII. Ownership (See In	structi	ons,							-				•	- -			G^{-1}				
A. Name of Installation's I	_egal Ov	wner								· •		· , · ·	· ·		1989	1	\$! { · ·	<u> </u>	2700 32	1	18 st
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Please print or type with ELITE type (12 characters)	ver inch) in the unshaded areas only	
	,	ID — For Official Use Only
	K YFM	To the second se
VIII. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes. F	Refer to instructions)
A Hazardous Waste Activity	de production de la confession de la con	R Head OHE THE MANAGEMENT AND ADDRESS OF THE PARTY OF THE
A. Hazardous Waste Activity 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 be a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify.	3. Treater, Storer, Disposer (at ins Note: A permit is required for th see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burn b. Other Marketers c. Boiler and/or industrial Furns 1. Smelter Deferral 2. Small Quantity Exempti Indicate Type of Combustion 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 5. Underground Injection Control	a. Generator Marketing to Burner b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. industrial Furnace
1. Ignitable 2. Corrosive 3. Reactive	4. Toxicity Characteristic (List specific El	ng to the characteristics of nonlisted hazardous waste PA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))
	0008	
B. Listed Hazardous Wastes. (See 40 CFR 261	3 4 9 10	11 12
C. Other Wastes. (State or other wastes requir	ing an I.D. number. See instructions.)	
	3	5 6
X. Certification	the second of the property of the March States of Lands	The second secon
	we personally examined and am footself on my inquiry of those indicated information is true, accurate and	amiliar with the information submitted in this ividuals immediately responsible for obtaining domplete. I am aware that there are significant and imprisonment.
SIGNATURE / / / / /	NAME AND OFFICIAL TITLE (TYPE OR PRINT)	DATE SIGNED .
"(~) 13. fall	NEIL B. SoltHIZIER	
XI. Missouri Required Information		
MISSOURI GENERATOR ID NUMBER (IF ASS	SIGNED) 0 0 1 3 1 7	S.I.C CODE 3 6 7 2
DESCRIBE PRINCIPAL BUSINESS A	CTIVITY MANUFACTURIE	PRINTED (IRCUIT BOARDS
(II. Comments	The second secon	(IKLVII BOARD)
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